TENNESSEE ACADEMY for SCHOOL LEADERS
REQUEST FOR PROGRAM APPROVAL
July 1, 2009-June 30, 2010

This document is a template. Complete the application and save it to your desktop as a Microsoft Word file.

A.   GENERAL INFORMATION

Program Coordinator: _____   Telephone (_____) _____

E-mail address: _____

System or Organization: _____

Address: _____

Signature of Director of Schools (LEA)/Executive Director (Organization):

_____

In order for the Tennessee Academy for School Leaders to properly facilitate the approval process, all applications requesting TASL Credit approval must be submitted <mark>at least 60 days prior to the event</mark>. The TASL Office will respond to the application within two (2) weeks of receipt, providing 45 days to advertise the event as offering TASL credit. Organizers may not advertise TASL credited until official approval has been granted.

Event Title	Date(s)	Hours Requested	Site

Does the event have open registration?   Yes, please post to the TASL website…☐
                                          No, please do not post…………………☐
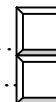
Return the completed forms to:
Tim Gaddis, TASL Director
Tennessee Department of Education
5th Floor, Andrew Johnson Tower
710 James Robertson Parkway
Nashville, TN 37243-0376
(615) 532-6205 (office)
(615) 532-8312 (fax)

For TASL Office Use Only
Date: Received _____ Approved _____

TDE Initials: _____   Hours: _____

Approval letter sent: _____

Post to Web: Yes_____ No _____

Event Number: _____

B. PROFESSIONAL DEVELOPMENT APPLICATION

1. Event Description

Name of event:

Box will expand to fit text.

Which Tennessee Instructional Leadership Standards (TILS) will be addressed? (See Attachment A for full list of TILS.)

Box will expand to fit text.

What is the duration of the event (hours, days and/or sessions)?

Box will expand to fit text.

Attach a copy of the event agenda. (*Please note: agenda must be submitted to obtain approval.*)

2. Research Base

What is the research base that ties the training to increased student achievement? Please cite specific references.

Box will expand to fit text.

3. Evidence of Need

How does this professional development relate to:
- the Tennessee Comprehensive System-wide Planning Process (TCSPP),
- the Tennessee School Improvement Plan (TSIP) of the participants,
- or the student achievement data of the LEA, school or organization membership?

How were needs assessed?

Box will expand to fit text.

4. Content

Describe the content of the professional development. What academic disciplines, pedagogical processes, leadership skills, or conditions for student learning are being addressed?

Box will expand to fit text.

5. Process

Describe the process of the professional development. In what kinds of activities will participants engage? How do the planned activities support adult learning?

Box will expand to fit text.

6. Anticipated Outcomes

Describe the planned outcomes of the professional development. What knowledge, skills, or new awareness will participants gain?

Box will expand to fit text.

7. Presenter / Trainer Biography or Curriculum Vitae *Please attach copy to application*

8. Sustainability Plan

Briefly explain how you, the provider, will sustain the initiatives presented at this event? How will participants be encouraged to reflect on their learning and put new knowledge and skills to use?

Box will expand to fit text.

Evaluation Process

Describe the evaluation process and follow-up tool(s) you will use to measure the effectiveness of the activity.

Box will expand to fit text.